



***NORTH CAROLINA MEDICAL SOCIETY
EMPLOYEE BENEFIT PLAN***

**EMPLOYER HEALTH APPLICATION/CHANGE FORM
HSA ADDENDUM**

Statement of Understanding and Authorization:

_____ (“Employer”) is making available to its employees a Health Savings Account (hereinafter referred to as “the Fund” or “Fund”) under Section 233 of the Internal Revenue Code. The Fund is not part of the North Carolina Medical Society Employee Benefit Plan (“NCMS Plan”). The Fund is administered by a third party administrator (“HSA Administrator”) and the contract between Employer and HSA Administrator (hereinafter referred to as the “HSA Contract”) is provided to Employer by the HSA Administrator.

In addition to and on behalf of the HSA Administrator, Blue Cross and Blue Shield of North Carolina (“BCBSNC”) may print and mail information pertaining to the HSA to Employer’s subscribers. BCBSNC also provides initial information regarding the HSA, and collects enrollment information from Employer and/or NCMS Plan. All of the above services are provided by BCBSNC solely as a convenience to Employer, as a means of streamlining the transaction. The provision of these services is in no way intended to indicate or imply that BCBSNC is responsible for the administration of the Fund, or for any other risks, duties, or legal or contractual obligations related to the Fund. BCBSNC does receive a referral fee from the HSA Administrator in exchange for combining the HSA account offering with a selected High Deductible Health Plan (“HDHP”) from NCMS Plan.

Employer acknowledges and agrees to the following:

- The HSA Contract is solely between the HSA Administrator and Employer.
- NCMS Plan and BCBSNC are not a party to the HSA arrangement.
- NCMS Plan, BCBSNC and HSA Administrator are separate, unaffiliated legal entities.
- NCMS Plan and BCBSNC will have no responsibility for the administration of the Fund.
- NCMS Plan will be held harmless from any and all liability relating to the administration and/or tax implications of the Fund.
- BCBSNC will be held harmless from any and all liability relating to the administration (including but not limited to claims payments) and/or tax implications of the Fund.
- Employer is solely responsible for funding of the HSA accounts (to the extent a contribution has been offered by Employer to subscribers).
- Employer is solely responsible for determining the appropriate contribution levels and appropriate tax treatment of its contributions towards the subscribers’ Fund. (Improper contributions to the Fund can result in incorrect tax reporting by Employer and the Subscriber. NCMS Plan and BCBSNC offer no tax advice and assume no liability with respect to incorrect contributions to the Fund by Employer, regardless of whether NCMS Plan and/or BCBSNC are informed in advance by Employer regarding such contributions. Employer should seek appropriate advice from a qualified tax advisor.)

- BCBSNC may align with a different HSA Administrator. If this occurs, Employer and BCBSNC will cooperate in an orderly transition to the new administrator.
- Employer’s tender of this HSA Addendum as required by the HSA Administrator in no way binds the HSA Administrator to contract with Employer. The contract issued by the HSA Administrator shall set out the terms of agreement between the parties, and this HSA Addendum shall be incorporated therein by reference.
- The HSA Administrator’s contract shall be binding upon the parties as issued, without necessity of signature by Employer.

By signing below, I understand that this HSA Addendum constitutes an offer which shall constitute a binding contract upon acceptance by the HSA Administrator, and certify my authority to make such an offer on the behalf of Employer.

Authorized Signature (for Employer): _____ Date: _____

Print Name: _____ Title: _____

Is Employer contributing to the Fund? Yes No

If Yes, please provide us with the Employer’s per employee annual contribution, in dollars, to the Fund by tier:

Employee only	
Employee + Spouse	
Employee + Child	
Employee + Children	
Employee + Family	